



# Riley County Attorney's Office

## Application for Diversion Program

**Notification:** You are hereby notified that you will be considered for the Riley County Diversion program upon filing this Application. **Any false or misleading statements on an application for Diversion will bar the applicant from participation in the Diversion program.**

The prosecutor is prohibited from entering into a Diversion Agreement in lieu of being prosecuted for driving under the influence of alcohol and/or; drugs if said Defendant has a prior conviction of such an offense or has participated in a Diversion Agreement for such an offense.

If a Defendant is granted a Diversion and successfully completes all requirements of the Diversion Agreement entered into with Riley County, the case against the Defendant will be dismissed with prejudice.

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Full Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ **DO YOU HAVE A CDL?** \_\_\_\_\_

If Driver's License from any other state in last five years, list where: \_\_\_\_\_

Are you represented by an attorney? If so, who? \_\_\_\_\_

List Dependents and Their Ages:

\_\_\_\_\_  
\_\_\_\_\_

## ❖ Work Experience:

**Present Employer:** \_\_\_\_\_

Your position or job title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Approx. date you began this employment: \_\_\_\_\_ Salary/wage: \$\_\_\_\_\_ per \_\_\_\_\_

### **Prior Employers:**

1. Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

From when to when: \_\_\_\_\_ Salary: \$\_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

From when to when: \_\_\_\_\_ Salary: \$\_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## ❖ Educational Background:

Elementary School: \_\_\_\_\_

Junior High School: \_\_\_\_\_

High School: \_\_\_\_\_

Did you graduate from high school? \_\_\_\_\_ If yes, what year? \_\_\_\_\_ If not, did you earn a GED? \_\_\_\_\_

College(s): \_\_\_\_\_

Did you graduate from college? \_\_\_\_ If yes, what degree did you earn? \_\_\_\_\_

If no, how many semesters have you completed? \_\_\_\_\_ And are you currently enrolled? \_\_\_\_\_

List any vocational training that you have had: \_\_\_\_\_

### ❖ **Addresses:**

List all addresses at which you lived in the past two years:

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### ❖ **Contacts:**

Please list two people that will always know your whereabouts and how to reach you:

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

### ❖ **Medical History:**

List any previous psychiatric, psychological treatment or drug and alcohol treatment you have ever received:

Please include name of treatment facility, dates of treatment, and what you were treated for.

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Do you have the ability to do:

Physical Work? Yes or No

Lifting? Yes or No

Bending? Yes or No

Stooping? Yes or No

## ❖ **Previous Arrest Record and Criminal Record:**

List ALL offenses for which you have been arrested or charged at any time and in any jurisdiction. Include expunged offenses, diverted offenses, juvenile offenses and traffic offenses (other than speeding). This section applies even if the charges were dismissed or someone told you the charges would not be on your record.

1. Offense: \_\_\_\_\_ Approx. date: \_\_\_\_\_  
Where: \_\_\_\_\_ Outcome of case: \_\_\_\_\_
2. Offense: \_\_\_\_\_ Approx. date: \_\_\_\_\_  
Where: \_\_\_\_\_ Outcome of case: \_\_\_\_\_
3. Offense: \_\_\_\_\_ Approx. date: \_\_\_\_\_  
Where: \_\_\_\_\_ Outcome of case: \_\_\_\_\_

## ❖ **Explanation of why you are making application for a Diversion:**

Applicant should fill out this section in his or her own handwriting.

Please state, in detail, the facts which caused charges to be filed. Use the back of the page, if necessary.

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Please explain why you feel you could successfully complete the Diversion program.

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I agree to and authorize release of police reports and any information available concerning me to an authorized counselor or therapist.

I have read the foregoing application. All the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of Diversion or Revocation of Diversion.

\_\_\_\_\_  
DEFENDANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My appointment expires: